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7590

08/13/2004

DARBY & DARBY P.C.
805 Third Avenue
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(Signature)

(ID)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/898,250

07/03/2001

Igor Anatolievich Abrosimov

2877/11578-US

000000650998250

TITLE OF INVENTION: TIMING CONTROL MEANS FOR AUTOMATIC COMPENSATION OF TIMING UNCERTAINTIES

01 FC:2501
02 FC:1504685.00 OP
300.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$300

\$965

11/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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VO, HIEN XUAN

2863

702-089000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Darby & Darby

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

Rec. 7/6/04 R/F: 014821/0112

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Acuid Corporation (Guernsey) Limited

Guernsey, British Isles

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed. \$985.00☒ Publication Fee (No small entity discount permitted)☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies _____☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment Deposit Account Number 04-0100 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Chanah Brenenson Reg. No. 47,442

Chanah Brenenson 11/10/04

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